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U. S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

SEPTEMBER-DECEMBER 1972

Nutrition-Related Health Practices and OpinionsJOANNE PEARSON²⁵ *Consumer and Food Economics Institute*

In recent years, there have been many articles on nutrition-related subjects and health practices in popular and semi-technical publications. Some are based on established research, but many are not. All sorts of products are offered to the public with claims of being beneficial to health or curatives for specific diseases.

Many questions have been raised as to (1) who uses these products, (2) how extensive the influence of these publications and products has been on health practices, and (3) whether any one age is more vulnerable than others to nutrition and health fallacies and misrepresentations.

To answer these and other questions, a multistage research project to investigate health practices and opinions of Americans was conducted by the Food and Drug Administration with support from the Agricultural Research Service, Administration on Aging, National Institute of Child Health and Human Development, National Institute of Mental Health, Veterans Administration, and Vocational Rehabilitation Administration. The final report was completed in June 1972.

The initial phase of the project consisted of a two-stage pilot study. First, 38 people known or suspected to have had experience with misrepresented products or to have expressed false beliefs were interviewed. Then a sample of 250 respondents from selected points across the Nation were also interviewed. This was followed by depth interviews with 37 of the 38 people interviewed in the first phase. The information obtained from these interviews provided the basis for an extensive questionnaire used in the nationwide survey.

The survey, conducted in the summer of 1969, consisted of a nationwide area probability sample of 2,839 adults. Because it was suspected that questionable health practices were more prevalent among older people, this group was oversampled. The data were weighted to correct for this overrepresentation before the results were analyzed. The final phase of the project consisted of followup individual

and group depth interviews with approximately 100 respondents from four regions of the country.

The topics covered in the survey questionnaire included nutrition supplements, "health food" usage, weight control, bowel regularity, self-diagnosis and medication for common and serious ailments, arthritis-related practices, cancer-related practices, health practitioners, hearing problems and practices, "aides" to stop smoking, and health-related attitudes and opinions. Only the first three topics are directly related to foods and nutrition, and this report will be limited to a discussion of them.

SURVEY AND INTERVIEW FINDINGS**Depth interview findings**

Depth interviews were used for obtaining very generalized findings. Some of the broad conclusions were as follows:

1. Belief in health fallacies is unsystematic; apparently no one type of person is generally susceptible to all forms of health fallacies.
2. Most people are not able to describe the basis of their health beliefs, indicating that they have not significantly generalized their health beliefs. Specific health practices often are not supported even by specific beliefs that appear logically related.
3. Many questionable health practices are a result of a "trial and error" approach to solving personal health problems rather than of specific false beliefs. People believe that, since there are differences between people, almost any treatment might be beneficial for them and the only way to know for sure is to try.
4. Many people believe that there is a direct relationship between diet and health. In fact, diet was considered the most powerful single influence on health.
5. The belief that vitamin pills will help almost anyone overcome tiredness and have more energy is held by the vast majority of people.

6. People tend to accept advertising claims in the health field because they believe that the advertisers are so closely regulated by the government that serious distortions of the truth are very unlikely.

Beliefs about nutrition and supplementation

Participants in the survey were each asked a series of questions about nutrition and supplementation. Beliefs about the importance of vitamins and minerals to health was shown when nearly three-fourths of the respondents indicated that they agreed with the statement "If people feel tired and run down they probably need more vitamins and minerals." Approximately one-fifth of the people agreed with the statement "Many diseases, even arthritis and cancer, are partly caused by a lack of vitamins and minerals." Statements such as these generally cannot be documented.

Although more than four-fifths of the people agreed that "Anyone in this country who eats balanced meals can get enough vitamins in his regular food," about one-third of the sample did not agree that "People who eat a variety of available foods everyday can get all the vitamins and minerals they need." Looking at beliefs about the vitamin needs of older people revealed that one-third of the people agreed with the statement "Older people need about the same amount of vitamins as young adults." Whether those who disagreed with this statement thought that the need by older people was higher or lower than young adults is not known.

Statements relating lack of vitamins and minerals and ill health were more frequently believed by those with low education and income. College graduates, however, more frequently disagreed with the statement "People who eat a variety of available foods every day can get all the vitamins and minerals they need" than did those with other amounts of education.

The respondents were presented a list of eight reasons why people take extra vitamins or minerals and were asked whether or not the statements were true. The interviews were conducted prior to recent publicity on preventing colds with massive doses of Vitamin C. Nonetheless, more than half the people thought that extra vitamins and minerals were of value in preventing colds, staying healthy while reducing, and keeping from getting sick. Approximately three-fourths of the people believed in extra vitamins and minerals for giving one more pep and energy and for staying generally more healthy.

Two-fifths of the respondents indicated that they had never used vitamin pills, tonics for the blood, or products such as yeast tablets, liver extract, or mineral capsules. Slightly more than half of the sample had used vitamin pills and only about one-eighth had taken tonics for the blood. At the time of the study vitamin pills were being used by slightly more than one-fifth of the respondents.

With increased education and income there was more use of vitamin pills but less use of tonics for the blood. People who had used any of these products were asked their reasons for this practice. The most common responses were to obtain extra energy and to make one feel better. Thus, many of those who used these products had high expectations of benefits.

Food, nutrition, and "health food"

Many people have doubts about the healthfulness of the food supply. More than half of the respondents agreed with each of the following two statements.

1. "Chemical sprays that farmers use make our food a danger to health, even if they are used carefully."
2. "Much of our food has been so processed and refined that it has lost its value for health."

In addition, close to three-fourths of the people agreed that "Many foods lose a lot of their value for health because they are shipped so far and stored so long." On the other hand, slightly more than one-third of the people agreed that "Man-made vitamins are just as good as natural vitamins." Only about one-seventh of the people agreed that "There is no difference in food value between food grown in poor, worn out soil and food grown in rich soil." This survey was conducted prior to some recent widely publicized incidents involving food quality. As a result, the percent of people expressing concern on these issues today may have increased.

Older people were less likely to believe that man-made vitamins were as good as natural vitamins, or that foods grown with chemical fertilizers were as healthful as food grown with natural fertilizers. Doubts about food healthfulness were generally more prevalent in the less educated and lower income respondents. However, actions based on these doubts by people at all educational levels were limited. Fewer than 15 percent of the people indicated that they either ate or did not eat particular foods because of their beliefs about food healthfulness.

Use of "health foods" was determined by asking people if they had ever eaten food advertised or labeled as "organic" or "natural." Those answering "yes" were further asked if they had eaten these foods more than five times. This last question was to eliminate those people who might have tried these foods once or twice out of curiosity. In the time since these data were collected there has been an increase in "health food" promotion and usage. The responses indicated that one-tenth of the people had tried organic or natural foods but only half that number had eaten these foods more than five times. As was stated earlier, people with more education and income had fewer doubts about the healthfulness of the food supply but they were the group who were more likely to actually use health foods.

When asked why they started eating these "special foods" approximately three-fifths of the total group who used "health" foods more than five times indicated that they strongly believed the food would help them. Older persons were the most likely to strongly believe in the benefits of health food while persons of all ages with more education were less likely to hold that belief. However, with increasing levels of education more people indicated that they ate the "health" foods because they liked the taste or to be socially agreeable, and not with any belief that the food was particularly "good" for them.

Health food users, especially those who were convinced that these foods would help them, were more likely than the total sample to question the healthfulness of the food supply and modern processing methods. Vitamin and nutrient supplement users were not similarly distinguished from the total group.

Weight control

Participants in the study were asked to respond to a series of statements concerning weight control. Practically four-fifths of the people agreed with the statement "The only way to reduce weight substantially is to eat less food than the body will use up." However, it cannot be said that all of these people had a realistic view of weight control.

Close to half of all respondents, and more men than women agreed that "People can reduce their weight substantially by a lot of sweating." Approximately two-fifths of the people agreed with each of the following statements: "People can reduce their weight substantially by staying on their regular food and using artificial sweeteners instead of sugar, or drinking only diet soft drinks" and "People can reduce their weight substantially by taking special products available without a prescription to control their appetite." Generally speaking, these last three statements are questionable. People with lower amounts of education more frequently agreed with certain of the questionable statements.

Weight control was a concern of many people. When asked, "Have you ever been concerned with reducing your weight or been concerned with keeping from gaining weight," about half of the total sample, and more women than men, indicated that they had been concerned. As income increased a larger percent of the people said they were concerned about weight, had been on reducing diets in the past 3 years, and were on reducing diets at the time of the study. Among dieters, however, people with higher incomes were less likely to have received a diet from a medical doctor.

Respondents who indicated a concern about weight were shown a list of practices used by people trying to lose weight and were asked which of those items they had

tried. Included on the list were meal replacements, appetite depressants, massagers or vibrators, effortless exercising machines, weight loss by sweating, and other weight control medications taken without changing eating practices. Approximately three-fifths of the people indicated that they had not tried any of the things listed. One-fourth of the people said they had tried appetite depressants and one-sixth of the people had tried meal replacements. Fewer than one-tenth of the people concerned with weight said they had tried "anything to make you sweat to lose the weight." However, approximately three times as many men as women had used this practice. Women, on the other hand, were twice as likely as men to have taken meal replacements or appetite depressants.

CONCLUSIONS

Some of the broad conclusions that can be drawn from the survey and interview phases of the research include:

1. The vast majority of the respondents believe that the benefits of extra vitamins and minerals are to give more pep and energy and to keep one generally more healthy.
2. Although only a small percent of the people at the time of the study were health food users, they were distinguished from the total sample by their doubts about the healthfulness of the food supply and modern food processing techniques.
3. Weight control has been a concern at some time of about half of the respondents, particularly women and people with more education and higher incomes.
4. No one group of people is consistently associated with questionable nutrition-related beliefs and practices.
5. People do not appear to have generalized their health beliefs. Specific health practices often are not supported even by specific beliefs that appear logically related.
6. Many people engage in questionable health practices not because of any conviction that the practice will help but because they believe that "anything is worth a try."
7. The relationship between health and adequacy of the diet appears to be overemphasized. For example, nearly three-fourths of the people agreed that if people feel tired and run down they probably need more vitamins and minerals.

IMPLICATIONS FOR EDUCATION

Many people not only believe that eating properly is important for good health but also that if one is not feeling well it must be caused by a poor diet. This latter relationship has not been documented. Poor diet can affect health but it is certainly not the only factor involved. Health

courses taught in public schools, particularly in the several States requiring such courses, should include a balanced presentation of such topics as nutrition, drugs, accident prevention, and bacterial and viral infections. In that way the relationship between health and diet can be kept in proper perspective.

Information on the actual health benefits to be derived from vitamin and mineral pills and other supplements, based on research findings, should be made available to health educators and physicians. Lists of foods which are good to excellent sources of various vitamins and minerals should accompany this information. A prescription for vitamins, or tacit approval by physicians that patients use vitamin pills just in case they might be helpful, is in many cases an unjustified expense.

Consumers should be encouraged to question health and nutrient-related advertising which implies extravagant claims. Local Extension and Public Health nutritionists and Food and Drug consumer specialists can provide sound answers to these questions. Producers should be encouraged to make sure that advertising of their products is not misleading.

With increasing numbers of feeding programs for older people, the nutrient needs of this group and how they compare to the needs of younger people should be emphasized.

Since many people question the healthfulness of the Nation's food supply, information on specific topics related to modern methods of food production and processing should be presented for people of all ages. Actual learning experiences in these areas, starting in the elementary school, should be provided for students. Thus, consumers of all ages will have a better basis upon which to evaluate the many claims of "health food" promoters.

Weight control is a topic on which the vast majority of the people agreed with the nutritionally sound broad generalizations but also subscribed to a number of questionable practices. This is just one instance in which teaching should not stop when the student can state broad generalizations but should go on to include specific details and experiences with nutritionally sound methods that the learner can use personally—in this case to implement a weight control regimen.

BASIC CONCEPTS OF NUTRITION FOR NUTRITION EDUCATION DEVELOPED AND REVISED BY THE INTERAGENCY COMMITTEE ON NUTRITION EDUCATION

1. Nutrition is the way the body uses food.

- We eat food to live, to grow, to keep healthy and well, and to get energy for work and play.

2. Food is made up of different nutrients needed for growth and health. Nutrients include pro-

teins, carbohydrates, fats, minerals, and vitamins.

- All nutrients needed by the body are available through food.
- Many kinds and combinations of food can lead to a well-balanced diet.
- No single food has all the nutrients needed for good growth and health.
- Each nutrient has specific uses in the body.
- Most nutrients do their best work in the body when teamed with other nutrients.

3. All persons, throughout life, have need for the same nutrients, but in varying amounts.

- The amounts of nutrients needed are influenced by age, sex, body size, activity, state of health, and heredity.

4. The way food is handled influences the amount of nutrients in food, its safety, quality, appearance, taste, acceptability, and cost.

- Handling means everything that happens to food while it is being grown, processed, stored, and prepared for eating.

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Iowa—Mrs. Pauline Mairs, Extension Nutritionist, B8 Curtiss Hall, Iowa State University, Ames 50010.

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Maryland—Clare Forbes, Division of Nutrition, Maryland State Department of Health, 301 West Preston Street, Baltimore 21201.

Massachusetts—(Council on Food, Nutrition, and Health), Mrs. Dorothy Callahan, Project Director, Nutrition Education, Bureau of Nutrition Education and School Food Services, Massachusetts Department of Education, 182 Tremont Street, Boston 02149.

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Bureau of Nutrition Services, Department of Health, St. Thomas 00802.

NUTRITION PROGRAM NEWS— TOPICAL INDEX

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- Nutrition committee members meet with ICNE at Atlantic City (AHEA); July-Aug. 1965, 1-2.

- Focus on youth fitness (ASFSA in Atlantic City); July-Aug. 1964, 1-4.

- Nutrition committee members meet in Miami Beach (AHEA); Sept.-Oct. 1962, 1-2.

Programs of State and local committees

- State and local nutrition committees; Jan.-Feb. 1968, 1-4.

- Puerto Rico nutrition committee celebrates 25th anniversary; May-June 1966, 1-3.

- Nutrition committees and their role in community action programs; Jan.-Feb. 1964, 1-4.

Youth and teenagers

- National Nutrition Education Conference (Teenage nutrition); Jan.-Feb. 1972, 1-8.

- Focus on youth fitness; July-Aug. 1964, 1-4.

- Nutritional fitness for teenagers; July-Aug. 1963, 1-4.

- Nutrition education for teenagers; Nov.-Dec. 1961, 1-4.